

ACH Withdrawal Authorization

This option is available for those sending payments to Lynnville Water Department, PO Box 158, Lynnville, TN 38472

Agreement Type	<input type="checkbox"/> New Agreement <input type="checkbox"/> Change Account <i>(please choose one)</i>	
Customer Information <i>Please Print</i>	Name on Lynnville Water Account _____ Account Number: _____ Service Address _____ Mailing Address _____ City/State/Zip _____ Daytime Phone No. (____) _____ Email address _____	
Account Information	I authorize Lynnville Water Department to withdraw my water payment from my: <input type="checkbox"/> CHECKING account or <input type="checkbox"/> SAVINGS account on the 5th of the month (or in the case of weekends or holidays on the next business following) to my (our) bank indicated below. Further, I understand that I will be charged at \$20.00 service fee if sufficient funds are not available in my account to pay debit authorized.	
Please SIGN	Signed _____ Date _____	
Complete for Checking Account Only	<div style="border: 1px solid black; padding: 5px;"> Please Tape a voided check for checking account. (Do not staple.) <div style="float: right; text-align: right;"> John Doe 1000 Main Street Lynnville, TN 38472 Date: _____ </div> Pay to the Order of: _____ \$ _____ <div style="text-align: center; font-weight: bold; font-size: 1.2em;">PLEASE TAPE A VOIDED CHECK HERE</div> Memo _____ 123456789 00111 1111111 1245 </div>	
Complete for Savings Account	For Savings Account: Routing/Transit Number: _____ Savings Account Number: _____ <i>Or attach a bank letter with savings routing and account number</i>	
Submission Information	Fax completed forms to: 931-527-3195 Or mail to: ACH Withdrawal Lynnville Water Department PO Box 158 Lynnville, TN 38472	
Cancellation Information	To stop transfers, notify Lynnville Water Department in writing at least two weeks prior to the 5th of the month in which you wish to stop the ACH withdrawal. Please provide the date on which this request is to be effective. Lynnville Water Department will remove you from the ACH transfer system and you must begin paying by mailing a check.	
For Admin Use Only	Set Up (name) _____ Date Received ___/___/___ Date Set Up ___/___/___	